DELINEATION OF CLINICAL PRIVILEGES - BLOOD SERVICES
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.
Successful completion of a Commission on Accreditation of Allied Health Education Programs (CAAHEP) program in Blood Banking. Eligible to take the Specialist in Blood Banking examination.

Requested	Approved	
		Category I clinical privileges
		a. Develop policies and procedures for collection, preparation, testing, dispensing and destroying blood and blood components in accordance with licensing and accreditation agency guidelines.
		b. Order laboratory tests indicated by appropriate testing protocol or as directed by a staff physician.
		c. Investigate patients with unexpected antibodies to red blood cell, white blood cell and platelet antibodies. Provide specialized blood products to meet the patient's transfusion needs.
		d. Authorize the release of blood and blood components, based on treatment protocol, to include but limited to red blood cells, fresh frozen plasma, platelet concentrates, cryoprecipitate antihemolytic factor, and Rh-immunoglobulin.
		e. Provide transfusion therapy consultation to assist physicians with appropriate blood component selection and dosing.
		f. Provide blood administration consultation to the transfusionist, physician, or nurse emphasizing education of the health care provider and compliance with regulatory agency blood product administration standards.
		g. Investigate immediate and delayed adverse reactions as a result of blood transfusion therapy.
		h. Authorize the collection of autologous and directed blood donations according to established protocols.
		i. Consult with allogeneic donors on eligibility requirements for blood donation and positive screening tests.

Category II. Includes Category I.
Board certification as a Specialist in Blood Banking as determined by the American Society of Clinical Pathology.

Requested	Approved	
		Category II clinical privileges
		a. Performs therapeutic phlebotomy and therapeutic apheresis procedures based on approved treatment protocols.
		b. In conjunction with the Medical Director, develop guidelines for hospital transfusion and donor center practices.

Category III. Includes Categories I and II.
Master's or Doctoral degree in science and board certification as a Specialist in Blood Banking as determined by the American Society of Clinical Pathology.

Requested	Approved	
		Category III clinical privileges
		a. Perform Institutional Review Board approved clinical research studies in donor operations and transfusion medicine.
		b. Provide consultation services to assist physicians/other privileged providers with treatment protocols for Institutional Review Board approved clinical research in transfusion medicine.

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐   Approval with Modifications *(Specify below)* ☐   Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐   Approval with Modifications *(Specify below)* ☐   Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

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(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)		2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD)	
			FROM	TO
4. DEPARTMENT/SERVICE		5. FACILITY (Name and Address: City/State/ZIP Code)		

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	CATEGORY/PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	a. Develop policies and procedures for collection, preparation, testing, dispensing and destroying blood and blood components in accordance with licensing and accreditation agency guidelines.			
	b. Order laboratory tests indicated by appropriate testing protocol or as directed by a staff physician.			
	c. Investigate patients with unexpected antibodies to red blood cell, white blood cell and platelet antibodies. Provide specialized blood products to meet the patient's transfusion needs.			
	d. Authorize the release of blood and blood components, based on treatment protocol, to include but limited to red blood cells, fresh frozen plasma, platelet concentrates, cryoprecipitate antihemolytic factor, and Rh-immunoglobulin.			
	e. Provide transfusion therapy consultation to assist physicians with appropriate blood component selection and dosing.			
	f. Provide blood administration consultation to the transfusionist, physician, or nurse emphasizing education of the health care provider and compliance with regulatory agency blood product administration standards.			
	g. Investigate immediate and delayed adverse reactions as a result of blood transfusion therapy.			
	h. Authorize the collection of autologous and directed blood donations according to established protocols.			
	i. Consult with allogeneic donors on eligibility requirements for blood donation and positive screening tests.			
	Category II clinical privileges			
	a. Performs therapeutic phlebotomy and therapeutic apheresis procedures based on approved treatment protocols.			
	b. In conjunction with the Medical Director, develop guidelines for hospital transfusion and donor center practices.			
	Category III clinical privileges			
	a. Perform Institutional Review Board approved clinical research studies in donor operations and transfusion medicine.			
	b. Provide consultation services to assist physicians/other privileged providers with treatment protocols for Institutional Review Board approved clinical research in transfusion medicine.			

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*